

U.S. Department of Labor
Office of Labor-Management
Standards
Washington, DC 20210

FORM LM-30

LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved
Office of Management
and Budget
No. 1215-0188
Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C. 438 or 440.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - 5677	2. Fiscal Year Covered From: 1 / 1 / 2004 Through: 12 / 31 / 2004
3. Name and address of person filing. Name Fiore J Grassetti P.O. Box, Bldg., Room No., if any Street 154 Switzer Avenue City Springfield State Massachusetts ZIP Code + 4 01109	4. Name, file number, and address of labor organization. Name Ironworkers Local 7 Labor Organization File Number 033-092 P.O. Box, Building and Room Number, if any P.O. Box 7 Street 195 Old Colony Avenue City South Boston State Massachusetts ZIP Code + 4 02127
5. Position in labor organization. Business Agent/Industrial Analyst	

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
6. Name and address of Employer (including trade name, if any). Name Trade Name, if any P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4	7. a. Nature of Interest, Transaction, or Income. 7. b. Amount.

Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)

Signed

Fiore J. Grassetti

On

8/11/2005

Date

(413) 735-2767

Telephone Number

Form LM-30 (2003)

Name of Person Filing Fiore Grassetti

File Number U-

Part B Continuation Page

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name Local 7 Apprentice Training Committee

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 191 Old Colony Avenue

City South Boston

State Massachusetts ZIP Code + 4 02127

9. Business deals with:

☒ a. Labor Organization☐ b. Trust☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State ZIP Code + 4

11.a. Nature of such dealing.

Local 7 Apprentice Training Committee is a Taft-Hartley Trust that is funded from contributions made pursuant to collective bargaining agreements between Iron Workers Local 7 and various construction employers.

11.b. Approximate dollar value of such dealing.

12.a. Nature of interest held or income received.

Meeting related meal

12.b. Amount.

\$147

Name of Person Filing Fiore Grassetti

File Number U-

Part B Continuation Page

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8. Name and address of Business (including trade name, if any).

Name Mass Mutual

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 1295 State Street

City Springfield

State Massachusetts

ZIP Code + 4 01111

9. Business deals with:

☐ a. Labor Organization☒ b. Trust☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name Iron Workers District Council H&W Fund

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 161 Granite Avenue

City Dorchester

State Massachusetts

ZIP Code + 4 02124

11.a. Nature of such dealing.

Taft-Hartley Trust custodian

11.b. Approximate dollar value of such dealing.

12.a. Nature of interest held or income received.

Business meeting meals and entertainment

12.b. Amount

\$150

Name of Person Filing Fiore Grassetti

File Number U-

Part B Continuation Page

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8. Name and address of Business (including trade name, if any).

Name Freedom Capital Management

Trade Name, if any:

P.O. Box, Bldg., Room No., if any:

Street One Beacon Street

City Boston

State Massachusetts ZIP Code + 4 02108

9. Business deals with:

☐ a. Labor Organization☒ b. Trust☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name Iron Workers District Council Pension Fund

Trade Name, if any:

P.O. Box, Bldg., Room No., if any:

Street 161 Granite Avenue

City Dorchester

State Massachusetts ZIP Code + 4 02124

11.a. Nature of such dealing.

Freedom Capital is an investment management company that provided services to the Iron Workers District Council Pension Fund.

11.b. Approximate dollar value of such dealing.

12.a. Nature of interest held or income received.

Meeting related meal.

12.b. Amount.

\$65